

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	202008	8-11-99
O.I.P.E. CLASSIFIER		8	8-13-99
FORMALITY REVIEW	ERW	70622	8-26-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	2/99
2	3/01
3	4/01
4	5/01
5	6/01
6	7/01
7	8/01
8	9/01
9	10/01
10	11/01
11	12/01
12	1/02
13	2/02
14	3/02
15	4/02
16	5/02
17	6/02
18	7/02
19	8/02
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23	12/02
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26	3/03
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30	7/03
31	8/03
32	9/03
33	10/03
34	11/03
35	12/03
36	1/04
37	2/04
38	3/04
39	4/04
40	5/04
41	6/04
42	7/04
43	8/04
44	9/04
45	10/04
46	11/04
47	12/04
48	1/05
49	2/05
50	3/05

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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